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ABSTRACT

Most research in psychotherapy has focused on adult clients, while child psychotherapy has been comparatively neglected. To identify predictors of outcome in psychotherapy for children, the relationship between several client, therapist, and economic variables was examined. Subjects were 268 children and their families who had completed treatment at a community mental health center. Information was collected from case files and independent ratings of outcome. Previous treatment emerged as the strongest predictor variable, with the presence of such experience positively affecting the duration of therapy, the number of sessions, and improvement for the child; previous treatment was unrelated to the improvement of the family. Clients of the staff therapists showed more improvement than clients of interns. For the child, therapy was less successful when he/she lived with remarried parents. For the family, improvement ratings were higher for single parent families. Other predictors of outcome were the amount of fee paid and the referral source. (JAC)

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Evaluating Predictors of Outcome for Children in Psychotherapy

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Evaluating Predictors of Outcome for Children in Psychotherapy

ABSTRACT

The purpose of the study was to investigate the relationship of several client, therapist, and economic variables to outcome in child psychotherapy. Subjects were 268 children and their families who had completed treatment at a CMHC for children. Previous treatment emerged as the strongest predictor variable, with the presence of such experience positively affecting the duration of therapy, number of sessions, and the improvement of the child. Other predictors of outcome were therapist type and experience, amount of fee paid, family status, and referral source. Different predictors accounted for the variance in child and family outcome.

Evaluating Predictors of Outcome for Children in Psychotherapy

STATEMENT OF PROBLEM

The purpose of this investigation was to identify predictors of outcome in psychotherapy for children. This study examined the relationship between several client, therapist, and economic variables and four indices of outcome. The need for continued research in this area exists for at least two reasons. First, most research in psychotherapy has focused on adult clients, while child psychotherapy has been comparatively neglected (Barrett, Hampe, & Miller, 1978). Second, the few studies that have examined psychotherapy for children have investigated few variables in a single study, and thus the relative contributions of a broad range of variables is somewhat unexplored.

Two categories of outcome measures were examined: (a) improvement as rated by independent judges and (b) attendance of therapy. These categories were selected since ratings by independent judges avoids many problems of bias associated with ratings by therapists or by significant others (Butcher & Koss, 1978). Attendance has been shown to be related to indices of improvement (e.g., Lorr, McNair, Michaux, & Raskin, 1962).

SUBJECTS

The subjects were 268 clients who had received and completed therapy at a community mental health center for children between the fall of 1977 and the fall of 1981 and for whom data on all predictor and outcome variables of interest were available. The

center serves children 18 years and younger and their families. The children's mean age was 11.1 years. The sample was 92.2% white and 60.8% were male. The mean family income was $14,703, the average household size was 4.4 individuals, and 40.9% of the clients lived in a family where no divorce had occurred. Approximately two thirds of the clients had not received any previous psychological treatment.

PROCEDURE

Information on all subjects was collected from the center's closed cases files by five trained research assistants. Reliability checks were made on a random sample of 20% of the cases (n = 110) by an independent rater. Only those variables achieving an interrater agreement of .60 were retained for data analysis (Gelfand & Hartmann, 1975).

Client variables employed as predictors were age, sex, a socioeconomic status index based on family income, occupation, and education (on a 15 point scale), problem severity (assessed by a combination of independent experts' and parents' judgements), household size, family status (foster, single parent, remarried parent, or no divorce), previous treatment (none or some), referral source (family, school, or other), and the distance from the client's home to the center (in miles). Therapist factors included therapist type (permanent staff or psychology intern), and experience (in years). Economic variables included the source of fee payment (self, Title XX, insurance, or partial payment) and the amount of fee payment per therapy session (a sliding fee scale is used at the center).

Outcome variables included global ratings of treatment success made by two independent judges (advanced clinical psychology graduate students). Ratings were made both for the child alone and for the family after the judges had examined the case notes. A four-point scale ranging from "much improvement" to "worse" was used. Interrater reliability, assessed on a random sample of 20% of the cases (n = 120) was r = .92 for child outcome and r = .87 for family outcome. Attendance of therapy was measured by duration of contact (in weeks) and the number of sessions attended.

RESULTS

A multivariate regression analysis was performed regressing all predictor variables on the four outcome variables. The multivariate analysis revealed that a significant proportion of variance was accounted for, $F(76,967.5) = 1.52$, $p < .005$. Since the overall multivariate analysis was significant, stepwise univariate regression analyses for each of the four outcome variables were performed.

Duration of Therapy

Previous treatment and the type of therapy entered the equation, in that order, as significant predictors of the duration of therapy. Together they accounted for 4.7% of the variance.

Previous treatment accounted for 3.1% of the variance. Clients who had received previous treatment elsewhere tended to stay in therapy longer (mean = 16.6 weeks) than those who had not (mean = 10.4 weeks). A one-way analysis of variance revealed the difference between these means was statistically significant,

$F(1,266) = 8.53$, $p < .005$.

The type of therapist accounted for another 1.6% of the variance. Clients seen by staff stayed in therapy longer (mean = 14.9 weeks) than did clients seen by interns (mean = 10.6 weeks), a statistically significant difference, $F(1,266) = 4.49$, $p < .05$.

Number of Therapy Sessions

Previous treatment and the amount of fee paid entered the regression equation, in that order, as significant predictors of number of sessions. Together they accounted for 4.5% of the variance.

Previous treatment accounted for 3.1% of the variance. Clients who had received previous treatment stayed for more therapy sessions (mean = 10.5) than those who had not (mean = 7.1), $F(1,266) = 8.4$, $p < .005$.

The amount of fee paid accounted for an additional 1.4% of the variance. Clients paying higher fees tended to participate in fewer sessions.

Improvement Rating of the Child

Three variables accounted for 5.3% of the variance in the improvement rating of the child: the dummy variable for family status of remarried parent, type of therapist, and previous treatment. Family status accounted for 2.5% of the variance. Clients with remarried parents had lower improvement ratings (mean = 2.3) than did those who did not (mean = 2.5), $F(1,266) = 6.8$, $p < .01$.

Type of therapist accounted for an additional 1.4% of the variance. Clients of staff members tended to have slightly higher improvement ratings (mean = 2.5) than did clients of interns (mean = 2.4).

Previous treatment accounted for another 1.4% of the variance. Clients who had received previous treatment tended to have higher improvement ratings (mean = 2.6) than those who had no previous treatment (mean = 2.4).

Improvement Rating of the Family

Four variables accounted for 10.4% of the variance in the improvement rating of the family: the family status dummy variable for single parent families, therapist type, therapist experience, and the dummy variable for school referral. Family status accounted for 3.8% of the variance. Single parent families received higher improvement ratings (mean = 2.4) than non-single parent families (mean = 2.2), $F(1,266) = 10.5$, $p < .05$.

Therapist type accounted for an additional 2.0% of the variance. Families seen by permanent staff received higher improvement ratings (mean = 2.4) than did families seen by interns (mean = 2.2), $F(1,266) = 5.3$, $p < .05$.

An additional 3.2% of the variance was accounted for by therapist experience. Families seen by therapists with more years of experience received significantly lower improvement ratings, $F(8,259) = 2.2$, $p < .05$. Further examination of the stepwise regression revealed that when the variance due to therapist type is removed, therapist experience accounts for more variance in the

multiple correlation (3.2%) than it does in the simple correlation (0.7%). The variable representing therapist type appears to suppress the effects of experience.

Finally, the dummy variable for referral by the school added 1.5% to the explained variance. Families referred by the school system tended to receive slightly lower improvement ratings (mean = 2.2) than families referred by other sources (mean = 2.3).

DISCUSSION

Previous treatment emerged as the strongest predictor variable, with the presence of such experience positively affecting the duration of therapy, number of sessions, and the improvement of the child, although it was unrelated to the improvement of the family. It is possible that such prior therapy experience may serve to foster realistic expectations about therapy. Such an effect may be similar to the mechanism whereby pretherapy education programs in other projects have reduced drop-out rates and cancellations (Hoehn-Saric, Frank, Imber, Nash, Stone, & Battle, 1964; Holmes & Urie, 1975).

The type of therapist was another important influence on outcome. Clients of staff therapists, compared with clients of interns, stayed in treatment longer and showed more improvement as indicated in the ratings of both the child and the family. However, these findings should not necessarily be attributed to the staff's greater experience level, since with respect to the family's improvement a negative relationship was found between improvement and the therapist's years of experience. The magnitude

of the negative correlation became greater when the variance due to therapist type was removed. Two possible explanations of this relationship are: (a) therapists may regard the practice of psychotherapy with a greater sense of enthusiasm during their earlier years of experience and so may invest more effort, while staff members at greater levels of experience may be more prone to suffering from professional "burnout", and (b) less experienced therapists may be assigned the "easier" cases. Future studies should further examine the relative contributions of these two constructs (i.e., therapist type and experience).

The type of family the client lived in also contributed to outcome. For the child, therapy was less successful when he or she was living in a household with remarried parents rather than in some other situation. It may be that remarried households are more complex than other types and therefore require more effort, or different types of services, to produce a positive therapy outcome for the child. For the family, improvement ratings were higher for single-parent families. Such families, it seems, may be especially open to receiving help when the child's psychotherapy involves the parent (which was the approach of the center in the present study).

The contributions of family status to outcome, as well as the different sets of predictors accounting for the child's versus the family's outcome, would appear to have important implications for the conduct of child therapy. Specifically, and in line with the current attention to family therapy, the clinician in designing and implementing a treatment plan needs to maintain an awareness of (a) the type of family in which the child is a member and (b) the

potential differential impact of certain variables (e.g., those found to be significant in this study) on the child versus the family.

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